



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

13 SEP 2006

MCPO-SA

MEMORANDUM FOR COMMANDERS, MEDCOM MAJOR SUBORDINATE
COMMANDS

SUBJECT: Duties, Responsibilities, and Training Requirements for the Public Health
Emergency Officer (PHEO)/Installation Medical Emergency Officer (IMEO)/Assistant to
PHEO (APHEO)

1. References:

a. Department of Defense Directive 6200.3, Emergency Health Powers on Military
Installations, 12 May 03.

b. Memorandum, Headquarters, US Army Medical Command, MCPO-SA,
14 May 04, subject: Criteria for Selection of the Public Health Emergency Officer.

c. Memorandum, Headquarters, US Army Medical Command, MCPO-SA, 5 Jul 05,
subject: Public Health Emergency Officer (PHEO) and Installation Medical Emergency
Officer (IMEO) Appointment and Training.

d. Memorandum, Headquarters, US Army Medical Command, MCPO-SA, 9 Sep 05,
subject: Change 1, Public Health Emergency Officer (PHEO) and Installation Medical
Emergency Officer (IMEO) Appointment and Training.

2. Purpose: This memorandum further delineates the MEDCOM emergency
preparedness program in support of public health emergencies, whether due to
biological warfare, terrorism, or other communicable disease epidemic. This
memorandum further defines PHEO, IMEO, and APHEO qualifications, training, duties,
and responsibilities.

3. Background: Using a tiered system, MEDCOM will provide the highest level of
public health expertise to Army Installation Commanders. Reference 1a establishes
Department of Defense (DoD) policy to protect installations, facilities, and personnel in
the event of a public health emergency. It also stipulates that the PHEO should be a
senior leader with experience and training in functions essential to effective public
health emergency management. References 1b and c require Regional Medical
Command (RMC) Commanders to nominate the PHEO, IMEO, and APHEO to the
Installation Commanders for appointment. These appointed officers serve both the

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Installation and the Military Treatment Facility (MTF). During a potential or actual public health emergency requiring implementation of emergency health powers, the appointee will, whenever possible, brief medical leadership in advance of the Installation Commander; however, delays will be minimized. PHEOs, IMEOs and APHEOs are authorized immediate, direct consultation with the OTSG Preventive Medicine Consultant or Proponency Office for Preventive Medicine staff in situations where timely briefings and/or recommendations are required.

4. Responsibilities.

a. RMC PHEO.

(1) RMC Commanders will appoint an RMC PHEO to oversee the PHEO program within their region of responsibility. RMC Commanders should consider the RMC PHEO's recommendation when nominating the PHEO, IMEO, and APHEO.

(2) The RMC PHEO will maintain a current roster of Installation PHEO/IMEO/APHEOs (updated at least quarterly, or when changes occur) on AKO in the secured folder titled, Homeland Security - Restricted. For access to this folder, contact the MEDCOM Homeland Security Branch at (210) 221-6425.

b. MEDCEN/MEDDAC PHEO.

(1) Shall be a senior health professional military officer or DoD civilian employee (O-3 or GS-11 or above) who is either trained or experienced in one of the Preventive Medicine specialties.

(2) Will have the education, experience, and availability to routinely conduct surveillance, investigations, and recommend or implement control measures.

(3) Will advise the MTF or RMC Commanders, and the Installation Commander, regarding implementation of emergency health powers.

(4) Will provide advice, support, oversight, and assistance to IMEOs and APHEOs. PHEOs must work closely with IMEOs and/or APHEOs to review public health response plans, oversee public health expertise and training, and issue guidance on responses to public health emergencies.

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(5) Will ensure that IMEOs and APHEOs have required training (Encl 1) and experience or will initiate/recommend additional training as needed. In the event that an IMEO or APHEO does not have required public health and emergency response training, the MEDCEN/MEDDAC PHEO will ensure that training is completed expeditiously and report progress/completion to the RMC PHEO.

c. IMEO. When a local qualified PHEO is not available on-site, an IMEO will be appointed.

(1) The IMEO should be a health professional military officer or DoD civilian employee (O-3 or GS -11 or above). The OIC of a clinic might be designated as the IMEO.

(2) The on-site IMEO will obtain the preparedness training outlined at Enclosure 1 and additional training as deemed appropriate by the PHEO. Training will include preventive measures and guidance in advising on public health emergency management including decisions on implementing emergency health powers (e.g., isolation or restriction of movement or, if necessary, quarantine).

d. APHEO. The APHEO is an installation contracted healthcare provider or the otherwise qualified health care professional who may or may not be experienced in one of the Preventive Medicine disciplines. This individual functions as liaison for the Installation Commander and works in consultation with the nearest PHEO within their region. The APHEO could be the installation commander's medical advisor and may be at a clinic.

e. The PHEO/IMEO/APHEO will routinely coordinate with the local, county and state public health authorities (Enclosure 2). In the development of any Memorandum of Understanding or Agreement (MOU/MOA), the MTF Agreements Manager must be consulted for assistance and included in the review/approval process.

f. The Preventive Medicine Consultant and Proponency Office for Preventive Medicine, OTSG, will ensure that consultation services are available on a rapid response basis in support of Public Health Emergency Officer requirements.

g. PHEOs, IMEOs and APHEOs are responsible for rapidly notifying MEDCOM/OTSG Health Care Operations (OPSCENTER21) when a Public Health Emergency Declaration is being proposed or has been issued for their installation. The 24-hour toll free number is 866-677-2128.

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5. Training. Training requirements and recommendations for PHEOs, IMEOs, and APHEOs are provided at Enclosure 1. All current PHEOs, IMEOs and APHEOs who have not completed the training for the appointed position are required to complete the training requirements within six months of the date of this memorandum. Newly appointed PHEOs, IMEOs and APHEOs are required to complete the training for the appointed position within six months of the appointment. Commanders will track training compliance of PHEOs, IMEOs, and APHEOs for their respective region. RMC Commanders may recommend or require training in addition to that which is listed in this memorandum. Compliance with the training requirements will be an item of inspection in the MEDCOM Organizational Inspection Program.

Note: Personnel who have previously completed training courses listed at Enclosure 1 may be granted constructive credit by the Education and Training Department of the MEDCEN/MEDDAC. The MEDCEN/MEDDAC Education and Training Department will monitor course progress and provide documentation to the RMC to confirm completion of training. This will be an inspection item in the MEDCOM Organizational Inspection Program.

6. When available, the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) IV may be used to assist MEDCEN/MEDDAC PHEOs, IMEOs and APHEOs in epidemiologic surveillance. ESSENCE is the only system that allows users to monitor not only their own outpatient health event trends, but also those of other nearby military installations and other regional aggregates. The URL for ESSENCE IV is <https://128.244.178.83> (username and password required). New users can request access by contacting Essence@deploymenthealth.osd.mil. An on-line tutorial is available. Additional assistance is available via e-mail from the ESSENCE Help Desk at Essence@deploymenthealth.osd.mil. The Service surveillance hubs (CHPPM, epicenter@apq.amedd.army.mil; NEHC, epi@nehc.mar.med.navy.mil; and AFIOH, essence-afhub@brooks.af.mil) have experience with ESSENCE and can provide also assistance. Additionally, the PHEO, IMEO and APHEO will maintain routine contact with local, county, and state public health authorities for information sharing and situational awareness of potential local hazards.

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7. Points of contact for this action are LTC Evelyn Rodriguez-White, Proponency Office
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FOR THE COMMANDER:

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as


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PHEO/IMEO/APHEO Required/Recommended Training Courses

1. Required Courses for PHEO/IMEO/APHEO to be completed within 6 months of appointment to the position:

767 F24 CBRNE Clinician Course. This course consists of 11 modules.

Hours: 13 hrs. https://www.aimsrdl.atsc.army.mil/secured/accp_top.htm

Note: This course is an existing requirement IAW Command Training Guidance for FY 05 and subsequent years.

Epidemiology and Prevention of Vaccine-Preventable Diseases 2005 – Session 1 (Web on Demand) Course Number: WD0063

Hours: 1; 2.5 CEUs per session.

http://www2a.cdc.gov/phtnonline/registration/detailpage.asp?res_id=1148

IS-100 Introduction to Incident Command System.

Hours: 3 hrs; 0.3 CEUs

www.training.fema.gov/EMIWEB/IS/

IS-700 National Incident Management Systems, An Introduction

Hours: 3 hrs; 0.3 CEUs

<http://www.training.fema.gov/EMIWEB/IS/is700.asp>

2. Recommended Course for PHEO/IMEO/APHEO.

Terrorism, Preparedness, and Public Health: An Introduction. Course sponsored by School of Public Health, University at Albany, State University of New York

Hours: 5 – 6 hrs; 7.2 contact hrs

http://www.ualbanycphp.org/learning/registration/detail_Terrorism.cfm

IS-800 National Response Plan (NRP), An Introduction

Hours: 4 hrs; 0.3 CEUs

<http://training.fema.gov/EMIWeb/IS/is800.asp>

3. Recommended PHEO Executive Course (Commanders) - Homeland Security Medical Executive Course (HLSMEC).

Trains senior medical officers (O4-O6).

HLSMEC is typically held at least once a year. Course Length: 5 days

Hours: 38 hrs – Designed to train senior medical officers (O4-O6) for command and

senior staff positions in support of the National Response Plan (NRP). Proponent:

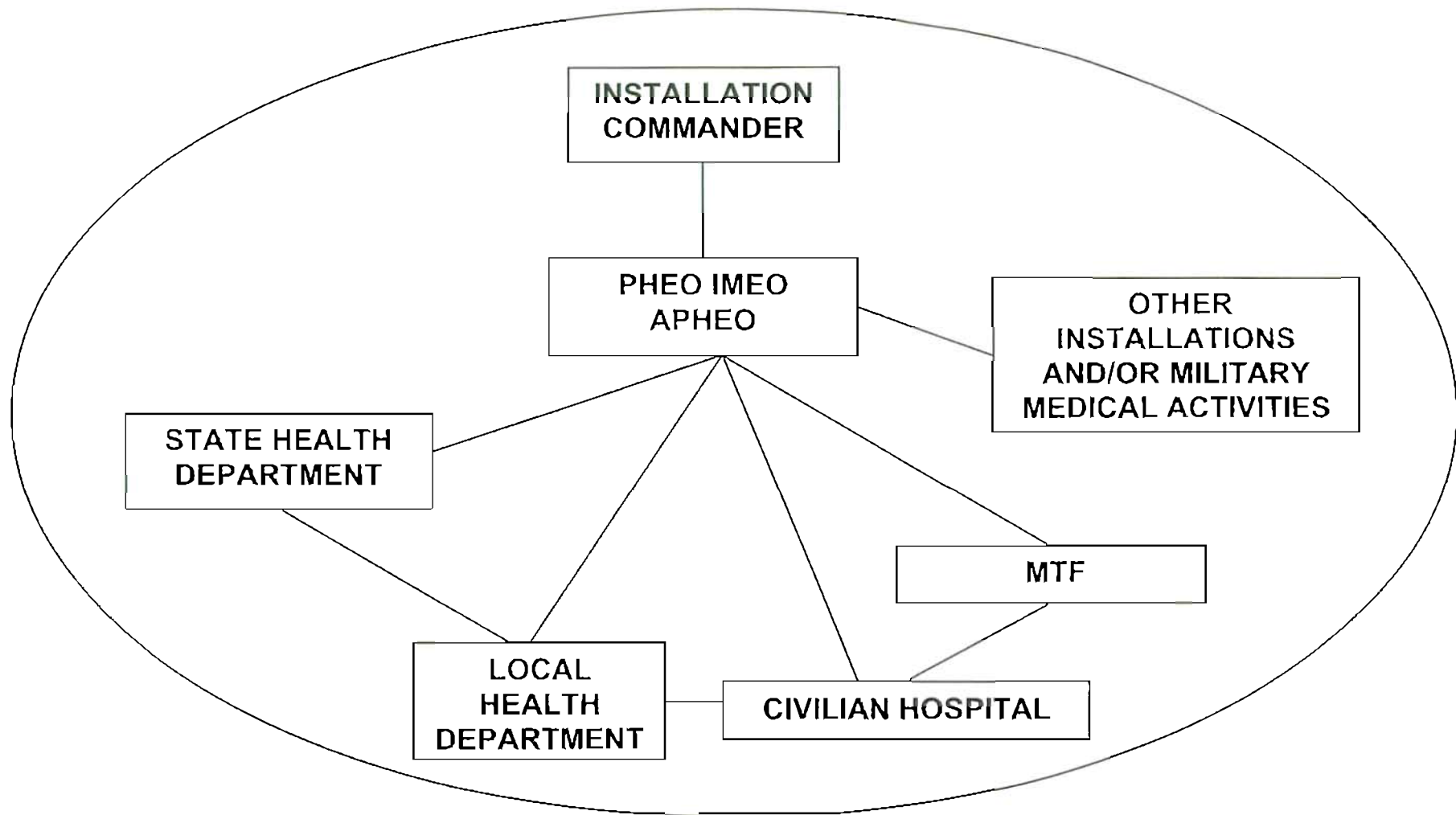
Defense Medical Readiness Training Institute (DMRTI) in conjunction with University of

South Florida.

<http://dmrti.us/dmrti%20courses%20-%20Course%20Schedule.html>

This course has quota restrictions and may be difficult to attend.

LOCAL COORDINATING REQUIREMENTS



Note:

- **RMC PHEO** – Will ensure that coordination is affected with each state in its catchment area, either directly or through a supervised PHEO/APHEO/IMEO.
- **MEDCEN / MEDDAC PHEOs, APHEOs, and IMEOs** will affect coordination with Public Health Officers at appropriate level and will arrange for sharing of surveillance data, access to Strategic National Stockpile assets if needed, and for consideration in Emergency Declaration issues affecting the installation medical response. Report to MEDCOM/OTSG Health Care Operations (OPSCENTER 21), CDC and the State and Local Health Department and consultation with POPM and the PM Consultant as appropriate. Notify other military medical activities of situations that may be affected.